

STATE OF CONNECTICUT  
DEPARTMENT OF SOCIAL SERVICES  
OFFICE OF LEGAL COUNSEL, REGULATIONS, AND ADMINISTRATIVE  
HEARINGS  
55 FARMINGTON AVENUE  
HARTFORD, CT 06105-3725

██████████ 2022  
SIGNATURE CONFIRMATION

CASE # ██████████  
CLIENT ID # ██████████  
REQUEST# ██████████

NOTICE OF DECISION

PARTY

██████████  
██████████  
██████████

PROCEDURAL BACKGROUND

On ██████████ 2021, the Department of Social Services (the “Department”) sent ██████████ (the “Appellant”) a Notice of Action (“NOA”) discontinuing his Medicaid benefits under the Medically Needy for Aged, Blind, and Disabled Program (“MAABD”) under a spenddown effective ██████████ 2022.

On ██████████, 2022, the Appellant requested an administrative hearing to contest the closure of his spenddown.

On ██████████, 2022, the Office of Legal Counsel, Regulations, and Administrative Hearings (“OLCRAH”) issued a notice scheduling the administrative hearing for ██████████ 2022.

On ██████████ 2022, the Appellant requested a continuance which OLCRAH approved.

On ██████████ 2022, the Office of Legal Counsel, Regulations, and Administrative Hearings (“OLCRAH”) issued a notice scheduling the administrative hearing for ██████████, 2022.

On ██████████ 2022, the Appellant requested a continuance which OLCRAH approved.

On [REDACTED] 2022, the Office of Legal Counsel, Regulations, and Administrative Hearings (“OLCRAH”) issued a notice scheduling the administrative hearing for [REDACTED], 2022.

On [REDACTED] 2022, in accordance with sections 17b-60, 17-61 and 4-176e to 4-189 inclusive of the Connecticut General Statutes, OLCRAH held an administrative hearing.

The following individuals participated in the hearing via video connection with the Hartford regional office:

[REDACTED], Appellant  
Maria Mercett Chase, Department’s Representative  
Joseph Alexander, Administrative Hearing Officer

The following individual participated in the hearing via telephonic connection:

Carlos Duenas, Interpreter, Interpreters and Translators, Inc.

### **STATEMENT OF THE ISSUE**

The issue to be decided is whether the Department’s decision to discontinue the Appellant’s Medicaid benefits under the MAABD spend-down program was correct.

### **FINDINGS OF FACT**

1. The Appellant is [REDACTED] ([REDACTED]) years old. (Hearing Record)
2. The Appellant is married. (Dept. Ex.2: NOA)
3. The Appellant is disabled. (Dept. Ex. 2: NOA)
4. The Appellant resides in [REDACTED] [REDACTED] (Appellant’s Testimony)
5. The Appellant receives Social Security Disability (“SSDI”) benefits totaling \$837.00 per month and Supplemental Security Income (“SSI”) totaling \$24.00 per month.
6. The Appellant’s most recent spend-down period was from [REDACTED] 2021, through [REDACTED], 2021, with a total spend-down amount of \$4,165.20. (Dept. Ex. 1: Notice of Spend-down Amount Change)
7. The Appellant did not provide the Department with any medical expenses to offset his spend-down. (Appellant Testimony)
8. On [REDACTED] 2021, the Department issued a NOA to the Appellant informing him that his Medicaid spend-down would be discontinued effective [REDACTED] 2022. (Dept. Ex. 2: NOA)

9. The issuance of this decision is timely under Title 7 Section 273.16(e)(2)(iv) of the Code of Federal Regulations, which requires that a decision be issued within █ days of receipt of the hearing request. OLCRAH received the hearing request on █, 2022. A total of █ (█) days has been added to the decision issuance date due to the Appellant's requests for continuances. This decision is therefore, due no later than █ 2022.

### **CONCLUSIONS OF LAW**

1. Section 17b-2(6) of the Connecticut General Statutes provides as follows:  
The Department of Social Services is designated as the state agency for the administration of the Medicaid program pursuant to Title XIX of the Social Security Act.
2. "The department's uniform policy manual is the equivalent of a state regulation and, as such, carries the force of law." *Bucchere v. Rowe*, 43 Conn. Supp. 175, 178 (1994) (citing Conn. Gen. Stat, § 17b-10; *Richard v. Commissioner of Income Maintenance*, 214 Conn. 601, 573 A.2d 712(1990))
3. Uniform Policy Manual ("UPM") § 2530 provides that certain individuals applying for AABD or Medical Assistance must be disabled to qualify for assistance. The Social Security Administration (SSA) generally is responsible for determining if an individual is disabled. Under certain conditions, the Department makes a determination separate from SSA. The Department uses the same criteria as SSA to determine disability. In most cases, a decision by SSA takes precedence over a decision which has been made by the Department's Medical Review Team (MRT). This chapter discusses the controlling nature of the SSA decision and the circumstances under which the Department makes a determination apart from SSA.
4. UPM § 2530.05(A) specifies that to qualify for the State Supplement or related Medical Assistance programs on the basis of disability, the individual must be disabled as determined by SSA or the Department. The individual must be found to have an impairment which:
  1. is medically determinable; and
  2. is severe in nature; and
  3. can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than twelve (12) months; and
  4. except as provided in paragraph C below, prevents the performance of previous work or any other substantial gainful activity which exists in the national economy.
5. UPM § 2530.10(A) specifies that an individual who is considered disabled by SSA is considered disabled by the Department.

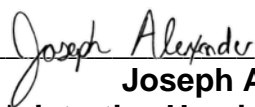
**The Department correctly determined the Appellant meets the disability requirement under the MAABD program because the Social Security Administration (“SSA”) determined he is disabled.**

6. UPM § 5520.25(B) provides that when the amount of the assistance unit’s monthly income exceeds the MNIL, income eligibility for a medically needy assistance unit does not occur until the amount of excess income is offset by medical expenses. This process of offsetting is referred to as a spend-down.
7. UPM § 5520.30(B)(3) states, “When the amount of incurred expense is insufficient to offset the excess income, no eligibility exists for that six-month period.”
8. The Department’s Field Operations Communication dated July 15, 2021 (pg. 8), states, “Inactive spend-downs will be sent renewal packets or closed according to the regular rules”.

**The Department correctly discontinued the Appellant’s HUSKY C – Medically Needy Aged, Blind, Disabled – Spenddown program effective [REDACTED] 2021 because he had not provided sufficient medical expenses to offset his excess income.**

**DECISION**

The Appellant’s appeal is **DENIED**

  
\_\_\_\_\_  
**Joseph Alexander**  
**Administrative Hearing Officer**

CC: Musa Mohamud, Social Services Operations Manager, Hartford Regional Office  
Judy Williams, Social Services Operations Manager, Hartford Regional Office  
Jay Bartolomei, Fair Hearing Liaison Supervisor, Hartford Regional Office  
Rose Montinat, Fair Hearing Liaison, Hartford Regional Office

### **RIGHT TO APPEAL**

The defendant has the right to appeal this decision to Superior Court within 45 days of the mailing of this decision. The right to appeal is based on §4-183 of the Connecticut General Statutes. To appeal, a petition must be filed at Superior Court. A copy of the petition must be served upon the Office of the Attorney General, 165 Capitol Avenue, Hartford, CT 06106, or the Commissioner of the Department of Social Services, 55 Farmington Avenue, Hartford, CT 06105-3725. A copy of the petition must also be served on all parties to the hearing.

The 45-day appeal period may be extended in certain instances if there is good cause. The extension request must be filed with the Commissioner of the Department of Social Services in writing no later than 90 days from the mailing of the decision. Good cause circumstances are evaluated by the Commissioner or her designee in accordance with §17b-61 of the Connecticut General Statutes. The Agency's decision to grant an extension is final and is not subject to review or appeal.

The appeal should be filed with the clerk of the Superior Court in the Judicial District of New Britain or the Judicial District in which the defendant resides.